

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10591374

FILING DATE

12 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/	/			
7		/	/			
8		/	/			
9		/	/			
10		/	/			
11		/	/			
12		/	/			
13		/	/			
14		/	/			
15		/	/			
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17	/		/			
18	/		/			
19		/	/			
20		/	/			
21		/	/			
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38		/	/			
39	/		/			
40		/	/			
41		/	/			
42		/	/			
43		/	/			
44		/	/			
45		/	/			
46		/	/			
47		/	/			
48		/	/			
49		/	/			
50		/	/			
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	125	←	31	←		←
TOTAL CLAIMS	90		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
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89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						